

P 11000570257

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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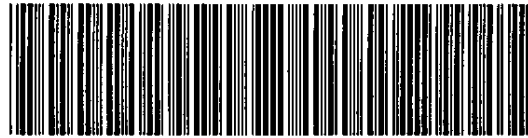
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2PM AUG -4 AM 8:54

FILED

J. Shivers AUG 05 2011

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: **SUPERIOR CONSULTANTS, INC.**

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 Filing Fee
☐ \$78.75 Filing Fee
& Certificate of Status

☐ \$78.75 Filing Fee
& Certified Copy
☒ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: **ALEX MACHADO**

Name (Printed or typed)

7570 SW 82ND STREET, APT. F111

Address

MIAMI, FL 33143-7395

City, State & Zip

305-978-7466

Daytime Telephone number

a_machado@live.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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SECRETARY OF STATE
TALLAHASSEE, FL 32304

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: **SUPERIOR CONSULTANTS, INC.**

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
7570 SW 82ND STREET
APT F111
MIAMI, FL 33143-7395

Mailing address, if different is:
SAME AS PRINCIPAL ADDRESS

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
ANY AND ALL LAWFUL BUSINESS.

ARTICLE IV SHARES

The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ALEX MACHADO - PRESIDENT	Name and Title: _____
Address: 7570 SW 82ND STREET	Address: _____
APT F111	_____
MIAMI, FL 33143-7395	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: **ALEX MACHADO**
Address: **7570 SW 82ND STREET**
MIAMI, FL 33143-7395

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: **ALEX MACHADO**
Address: **7570 SW 82ND STREET**
MIAMI, FL 33143-7395

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity




Required Signature/Registered Agent

07-31-11

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

07-31-11

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA